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ABSTRACT

With the increasing diversity of the United States population, there is a growing awareness of the need for culturally specific responses to help survivors of disasters and violence. When school psychologists are called upon to intervene, they need to be able to link survivors to support systems. In order to provide services to survivors of culturally diverse contexts, a crisis intervention model that takes into consideration culturally diverse backgrounds is needed. This paper describes a paradigm, the NOVA model of group crisis intervention, which has been successfully implemented by the National Association of School Psychologists National Emergency Assistance Team in alliance with the National Organization of Victim Assistance (NOVA), and includes cultural considerations in its design. The paper outlines a workshop to help explain use of the NOVA design in a multicultural setting. The workshop objectives are: (1) to understand how culture impacts one's perspective of trauma and all of its related aspects; (2) to learn about the NOVA model and how it can be implemented successfully in a multicultural school setting; and (3) to reflect and become more cognizant of one's own individual, family, and cultural perspectives concerning human tragedies. (Contains 43 references.) (JDM)

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Implementing NOVA's Group Crisis Intervention Model in Multicultural School Settings

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INTRODUCTION

> Culture is akin to being the observer through the one-way mirror; everything we see is from our own perspective. It is only when we join the observed on the other side that it is possible to see ourselves and others clearly--but getting to the other side of the glass represents many challenges (Lynch, 1992, p. 35).

> If the threats to life associated with psychological trauma are universal, then what varies across cultures is the perception of what type of threat is traumatic, the interpretation of the threat's meaning, the nature of the expression (presentation) of symptoms in response to such threats, the cultural context of the responses of traumatized people, as well as the cultural responses by others to those who have been traumatized, and the culturally prescribed paths to recovery from experiencing life-threatening events. Finally, it is also useful to consider the process by which the exposure of individuals and groups to traumatic events is made useful for the entire culture. (Chemtob, 1997) and (Young, 1994, Chapter 8, and www.ojp.usdoj.gov/ovc/infores/crt/chap8.htm)

> The NOVA model provides participants the opportunity to process the crisis themselves, which is more therapeutic than just hearing about the need to process it. (Too often in schools well-meaning counselors and/or school psychologists go into a classroom and stand up in front of the students to tell them how important it is to process and that all of their emotions are okay. The problem is that the caregivers spend all their time talking to the students about the importance of processing, but the students are just listening rather than actually doing the processing themselves . . . (Poland & McCormick, 1999, p. 162).

With the increasing diversity of the United States population, there is a growing awareness of the need for culturally specific responses to help survivors of disasters and violence. If school psychologists are to provide and link culturally sensitive support systems to survivors, they first need to be aware of their own possible cultural biases and the fact that others have widely varying interpretations of and responses to trauma.

Secondly, they need to identify and validate the cultural background of the survivors in order to provide culturally appropriate services. To be effective, school psychologists need to employ a cross-cultural perspective in their service deliveries.

To provide services to survivors in culturally diverse contexts, a crisis intervention model that takes into consideration cultural backgrounds is needed. One such paradigm is the NOVA model of group crisis intervention that has been successfully implemented by our NASP National Emergency Assistance Team (NEAT) in alliance with the National Organization for Victim Assistance (NOVA). This design will be described in our workshop.

Working in multicultural school systems and communities requires school psychologists to understand the way members of other cultures view the nature, cause, and treatment of trauma. In addition, school psychologists need to explore their own attitudes as well as the basic assumptions that prevail in their local cultures and subcultures.

The objectives at this 2000 NASP New Orleans Convention paper presentation are (1) to understand how culture impacts one's perspective of trauma and all of its related aspects; (2) to learn about the NOVA model and how it can be implemented successfully in a multicultural school setting; and (3) to reflect and to become more cognizant of one's own individual, family, and cultural perspectives concerning human tragedies. For this latter goal, an experiential exercise will be presented to all the participants to gain further self-insight. In addition, this professional will share some of his Red Cross disaster mental health experiences.

Since this workshop was prepared for participants with limited background in the NOVA design in a multicultural setting, several complete quotations are purposely included in this paper to give the school psychologists the full measure the writers' expertise in their own words.

INTROSPECTING ABOUT ONE'S OWN BELIEFS ABOUT DEATH, GRIEF, AND MULTICULTURALISM

School psychologists need to develop multicultural sensitivity and competency. To do so requires that they set aside their own beliefs in an attempt to adopt another's perspective. Encounters with culturally different individuals may be uncomfortable for some school psychologists who find it difficult to change their thoughts, feelings, and behaviors. Flanagan and Miranda (1995) address the conflicts within school psychologists and others:

> For most people, including Americans, the distinguishing mark of cross-cultural interaction is the disappearance of the familiar guideposts that allow them to act without thinking in their own culture. Routine matters become problems that require planning or conscious decisions. They may not know when to shake hands, nod their heads, ask a question, express an opinion, or maintain silence. They may have to question the effectiveness of their techniques for giving advice and may need to search for proper channels of communication (p. 1054).

Consequently, not only do school psychologists need to understand the way members of other cultures view death and grief, they also need to explore their own attitudes about death and grief as well as the basic assumptions that prevail in their local culture and subculture. For that purpose of self-reflection, this nationally certified school psychologist has constructed an experiential exercise to stimulate the psychologists' cultural introspection at the NASP Convention.

Besides introspecting about one's cultural background, school psychologists need to examine their attitudes toward death, grief, and cultural diversity. This second self-discovery exercise will help them gain personal insight into themselves, recognize the limitations of their belief systems in their work, and guide them in providing more effective services to multicultural individuals. Irish, Lundquist, and Nelsen (1993) identify three kinds of awareness needed for "professionals in the field of death and dying who must be sensitive to the needs of people with cultural patterns that are different from theirs: (1) Death Awareness; (2) Grief Awareness; and (3) Multi-Cultural Awareness" (pp. 30 & 227). A few questions from each category were selected for this workshop, and this nationally certified school psychologist constructed others. The queries will be presented as an experiential exercise to school psychologists in New Orleans.

There are other ways that school psychologists may also introspect to develop cultural sensitivity. However, due to the time limitation of this workshop, the other methods (Paniagua, 1994, pp. 107-109; Locke, 1992, p. 2; Nuttall, DeLeon, & Valle, 1990, p.221; and McGoldrick, Pearce, & Giordano, 1982, p. 27) cannot be reviewed. By studying the other approaches, school psychologists can further examine their thoughts, feelings, and behaviors when they return home and have time to reflect.

EIGHT FACTORS TO CONSIDER IN PROVIDING SERVICES TO MULTICULTURAL STUDENTS, PARENTS, AND COMMUNITIES

In order to understand persons of different cultures, Ross (1994) identifies eight factors that need to be considered: (1) Values; (2) Concept of the Family; (3) Religious Beliefs; (4) Attitudes Toward the Body; (5) Attitudes Toward Death; (6) Bereavement, Grief, and Mourning Practices; (7) Funeral Practices; and (8) Communication.

Awareness and knowledge of these will assist school psychologists to enhance their multi-cultural service delivery skills in prevention, intervention, and postvention.

COMMONLY REPORTED CULTURAL BIASES

School psychologists, in providing sensitive and caring intervention services, need to be aware of the 10 most frequently encountered examples of cultural bias about multicultural counseling and development. They are taken from Pedersen (1987) and are cited here. They include:

1. **Normal Behavior is Universal** – This is the implicit assumption that the definition of normal is more or less universal across social, cultural, and economic or political backgrounds (p. 17).
2. **Emphasis on Individualism** – The individual is the basic building block of society. Many counselors in the United States presume that counseling is primarily directed toward the development of individuals rather than units of individuals or groups such as the family, organizations, or society. If one examines the jargon used in counseling, the preference of Western counselors for the welfare of individuals becomes quickly evident. The criteria of self-awareness, self-fulfillment, and self-discovery are important measures of success in most counseling in Western society . An example of this is the American way of capitalizing the "I" when referring to the first person singular (p. 18).
3. **Fragmentation by Academic Disciplines** – Problems are defined from a framework limited by academic discipline boundaries. There is a tendency to separate the identity of counselor from that of psychologist, sociologist, anthropologist, theologian, or medical doctor. Unfortunately, the problems a client is facing are not

inhibited by any of these artificial boundaries. The research literature in various disciplines frequently overlaps, but counselors do not exchange questions and insights between disciplines, as they should (p. 19).

4. **Dependence on Abstract Words** – Western culture depends on abstract words and counselors in this setting assume that others will understand these abstractions in the same way as they intend. Yet, there are high-and low-context cultures. High-context cultures require reference to a context to give a concept meaning while low-context cultures are less dependent on context and more likely to presume that abstract concepts carry their own meaning with them from one context to another (p. 19).
5. **Overemphasis on Independence** – As part of the Western emphasis on individualism, there is a presumption that an individual should not be dependent on others; nor should the individual allow others to be dependent on them. Yet, there are many cultures in which dependencies are described as not only healthy but absolutely necessary such as found in the Japanese concept of amae (the relationship between a Japanese mother and her eldest son) (p. 20).
6. **Neglect of Client's Support Systems** – Counselors need to endorse the potential effectiveness of family and peer support to a client. In many cultures, the notion of formal counseling is less preferred than nonformal or informal alternatives available to a client. The idea of telling intimate family secrets to a stranger is not allowed in many, if not most, of the world's cultures. These problems are dealt with inside the family or group context with little or no outside involvement. Wherever possible, the natural support systems surrounding a client should be mobilized as a valuable ally rather than as an assumed rival for the client's attention (p. 21).

7. **Dependence on Linear Thinking** – This is the assumption that everyone depends on linear thinking—wherein each cause has an effect and each effect is tied to a cause—to understand the world around them. This kind of linear thinking is most evident in the dependence on measures of things (like tests). How then can counselors adapt counseling to a nonWestern cultural context where the cause and the effect are seen as two aspects of the same undifferentiated reality (as in the concept of Yin and Yang) with neither cause nor effect being separate from the other? (p. 21).
8. **Focus on Changing Individual, Not System** – This is the assumption that counselors need to change individuals to fit the system and not change the system to fit the individual. Instead, counselors need to recognize when counseling should be more activist and change the system to fit the individual rather than trying to change the individual to fit the system, in order to maintain the status quo (p. 22).
9. **Neglect of History** – This relates to the relevance of history for a proper understanding of contemporary events. Counselors are more likely to focus on the immediate events that created a crisis and neglect the client's history. In many cultures, however, the connection between past and present history makes it necessary for counselors to clearly understand a client's historical context to understand his or her present behavior (p. 23).
10. **Dangers of Cultural Encapsulation** – Counselors believe that they already know all of their assumptions. They need to recognize the dangers of a closed, biased, and culturally encapsulated system that promotes domination by an elitist group, whatever its origin or special point of view. As counselors increase their contact with other

countries and other cultures, they can expect to learn a great deal about themselves (p. 23).

CULTURAL IDENTITY

In dealing with survivors, school psychologists need to be aware of the survivors' cultural identities that are shaped by two principal factors: (1) sources of cultural identities and (2) attitudes and beliefs shaped by culture. In addition, knowledge of three cultural axes is needed. Abstracted from the informative article on "Cross-Cultural Service Delivery" in Young's (1993, pp. 10-3 to 10-8) handbook, Victim Assistance: Frontiers and Fundamentals, the following are examples:

1. **The Sources of Cultural Identities**

   nationality, income, education, rural/urban, gender, ethnicity, religion, age, sexual orientation, mental/physical abilities, profession, and location in life.

2. **Attitudes and Beliefs Shaped by Culture:**

   birth, marriage, death, male/female, language/dialect, spirituality, individualism, community, ambition, acquisitions, power, wealth, children, elderly, homosexuality, dress, and differences.

The Three Cultural Axes:

School psychologists need to be cognizant of three axes that can give them insight into how survivors from different cultures may require different types of interventions or strategies for service delivery. According to Young (1994), the axes are as follows:

a. **The Axis of Control**

   One dimension on a vertical line includes the locus of control: To what extent do survivors believe they are in control of their own destiny? **Internal versus**

external control.

Another dimension on a horizontal line involves the locus of responsibility: To what extent do survivors believe they are responsible for their own destiny? This refers to **internal versus external responsibility**.

b. The Axis of Conflict

One dimension on a vertical line includes the locus of conflict: To what extent do survivors believe in conflict as the method of resolving differences or the preferred way to effect change? How do they react to conflict in their lives and what goals do they seek in resolving it? This involves **conflict versus harmony.**

Another dimension on a horizontal line involves the locus of individualism: To what extent do survivors believe in the sanctity and separateness of the individual. This includes the **individual versus the community**.

c. The Axis of Life

One dimension on a vertical line includes the locus of life: To what extent do survivors see life and death as part of one continuum? This refers to **life versus death or life and death.**

Another dimension on a horizontal line involves the locus of nature: To what extent do survivors identify with the natural world? Do they resolve their concerns about life and death through commune with nature, God, or technology? This involves **nature versus technology.**

NASP/NEAT COMMUNITY CRISIS RESPONSE AND THE NOVA RESPONSE

Following the Oklahoma City bombing, two school psychologists wrote a proposal to NASP to establish a National Emergency Response Team. The proposal's idea was

accepted, and, in 1996, the National Association of School Psychologists/National Emergency Assistance Team (NASP/NEAT) was created. According to Zenere (1998):

> The mission of the NEAT is to develop policies and procedures, disseminate information, provide consultation and facilitate the training of school-based crisis teams in response to significant emergencies impacting children and adolescents. The purpose of this team is to provide the expertise to enable school districts to respond before, during, and after a large-scale crisis. The team is composed of highly trained Nationally Certified School Psychologists with expertise in prevention, intervention, postvention, who can provide assistance in response to large-scale emergencies (p. 38).

The NEAT Crisis Plan is based on Caplan's (1964) pioneering work in crisis intervention. He envisioned three components of crisis intervention: (1) **primary prevention** (preventing crisis events and/or preparing individuals and communities to cope with tragedies before they occur); (2) **secondary prevention** (responding to crisis events to minimize their impact); and (3) **tertiary prevention** (dealing with the long-term effects of trauma).

NEAT, in alliance with the National Organization for Victim Assistance (NOVA), uses the NOVA model of group crisis intervention. Its school psychologists' respondents have received extensive training in the paradigm and are preparing other school psychologists throughout the country to use it also. NEAT has proved to be a valuable resource to NOVA. It is not the intent of this professional to summarize all of the basic components of the NOVA paradigm. Only some of the aspects will be addressed. School psychologists who are interested in more information on the NOVA model as well as on resources for prevention and intervention can review Poland & McCormick's (1999) Coping With Crises: Lessons Learned; Canter and Carroll's (1999) Crisis Prevention & Response: A Collection of NASP Resources; the November 1998 NASP

Communique Special Issue on Prevention and Intervention; and Young's (1998) The Community Crisis Response Team Training Manual. NOVA (1-800-TRY-NOVA) and/or NASP (1-301-657-0270) can also be contacted. Too, Poland & McCormick (1999) list numerous resources, and this paper's Reference List also includes additional readings. Some of the major aspects of the NOVA design will now be shared.

PROCESSING THE TRAGEDY

When a tragedy occurs, those affected need to process the experience. According to Poland and McCormick (1999):

> In terms of crisis response, to process is to systematically assist those affected in examining their feelings in order to help them minimize trauma and begin healing. Processing is not a complex therapeutic device; rather, it is simply talking. But it is a way of talking that facilitates discussion about a crisis by those affected by it (p. 153).

One way to facilitate "telling one's story" is to use the NOVA paradigm.

NOVA'S GOALS

Instead of the word "debriefing," NOVA uses the term "group crisis intervention." According to Young (1998), there are six principal goals of the NOVA model:

(1) guiding the release of emotional steam after the pressure-cooker of trauma;

(2) addressing great numbers of individuals after a community tragedy;

(3) peer group-validations-of individual reactions that enhance the effectiveness of the validations provided by crisis intervenors;

(4) group work that helps establish social support; that rebuilds a sense of community bonds; and that repairs the social fabric rent by the disaster;

(5) education of community members about trauma and its aftermath; and

(6) affirmation or reaffirmation of hope in the future (pp. 10-1 to 10-2).

NOVA'S BASIC PROTOCOL

Young (1998) identified NOVA's protocol as follows:

> Group crisis intervention is useful both as an immediate response to acute crisis and as a way to continue to integrate the trauma into community life. NOVA's protocol for group crisis intervention relies upon a chronological approach for addressing the crisis event. **Group participants are asked to remember what happened at the time of the trauma, what has happened in the aftermath, and what they expect to happen in the future.**
>
> If the trauma is particularly intense, it may be useful to pace the group session to avoid initial feelings of being overwhelmed again. To avoid premature exploration of trauma material, group facilitators may want to start group sessions with the question, **'What was life like before the event happened?'**
>
> While facilitating this review, the group leader constantly seeks to ensure the group's sense of **safety and security**, to provide ample opportunity for **ventilation and validation**, and to help participants **predict and prepare** for problems in the future (pp. 10-2 to 10-3). (**Note**: For emphasis, this certified school psychologist inserted bold letters).

SOME OF NOVA'S CHRONOLOGICAL APPROACH PROTOCOL SPECIFICS

After the Introductory information is shared at the group crisis intervention session, the facilitator begins the three-fold chronological approach for addressing the crisis event. Young (1998, pp. 10-9 to 10-11) describes them as follows:

1. **Ask participants to tell about their experience during the event?**
   a. Where were they when it happened?
   b. Who were they with?
   c. What did they see, hear, smell, taste, or touch at the time?
   d. What did they do? How did they react at the time?
2. **Ask participants what has happened to them in the aftermath of the event?**
   a. Since the time of the disaster, what are some of the memories that stand out in

your mind?

b. What has happened in the last 48 hours?

c. What do you remember seeing or hearing during that time?

d. How have you reacted?

3. **Ask participants to think about what has happened; to think about what will happen in the next few days or weeks; and consider what possible reactions they might have to those issues.**

a. After all that you have been through, what do you think will happen at your job in the next few days or weeks?

b. Do you think that your family has been or will continue to be affected?

c. Do you have any practical concerns about what will happen next?

3a. Ask participants about how they think they will deal with problems or issues that they have raised?

a. In many cases, they will have developed coping strategies in the past that they will refer to.

b. In some cases, they will seek information about how to deal with specific problems.

3b. As they identify coping techniques, reinforce positive methods and suggest alternatives to negative methods.

3c. Answer questions about problems, if possible and information that is available.

3d. Suggest referrals if they are available.

3e. Avoid making promises that cannot be kept.

NOVA'S GROUP CRISIS INTERVENTION TASKS

As has already been reported, NOVA has developed a basic protocol, which is used for "the immediate aftermath of sudden, immediate, low-point tragedies." However, because some catastrophes create different issues, NOVA, also employs different modifications of the basic paradigm. Although dissimilar in some ways, all of the models deal with the three phase protocol operations and establish parameters of **safety and security**, **ventilation and validation**, and **prediction and preparation**. To introduce school psychologists to the six tasks, Young's (1997) description of each will now be quoted:

Safety – Providing for their safety involves:

1. Assuring physical safety.
    a. Assess medical needs.
    b. Is the victim, their family, friends, or neighbors in any danger?
    c. Assess victims risk for suicide.
    d. Is there a safe place where victims and their loved ones can stay until the crisis passes?
2. Assuring the victim's connection with caregivers.
    a. Assess the support system for victim.
    b. When appropriate, have groups of survivors meet and talk.
    c. Provide information on community services and resources.

Security – Providing for victim security involves:

1. Providing privacy for expression of emotions.
2. Ensuring confidentiality.

3. Reassuring survivors their reactions are acceptable and not uncommon.
4. Helping survivors begin to take control of the events going on around them.

Ventilation – Providing for ventilation allows the victim-survivors to 'tell their own story.'

1. Victim/survivors often need to tell the story of the crisis event over and over.
2. Anticipating memory and time distortions.
3. Helping the victim/survivor to identify appropriate words to express reactions and responses to the experience.
4. Using age appropriate techniques – consider art for all ages.
5. ACTIVE LISTENING
6. Being prepared for six emotional reactions and behavioral symptoms of trauma with one of them usually predominant: fear, anger, confusion, shame, guilt, or grief.
7. Be aware of body language, facial expressions and voice tone.

Validation – Providing for validation helps the victim/survivor to understand that most reactions to horrific events are not abnormal

1. Validation is based on effective hearing by caregivers.
2. Choosing your words carefully.
3. Emphasis should be on the fact that most types of reactions such as fear, anger, frustration, guilt, shame and grief are not unusual but that each victim/survivor's situation is unique.

4. Being alert to any signs of potentially harmful responses and follow through with assessment of risk, parent contact, and referral information. Collaborate with site team.
5. Keeping conversations focused on the victim/survivor.

Prediction – Providing for what is to come.

1. Assist survivors in PREDICTING the practical issues that will face them in the aftermath. Provide concrete information.
   a. If a crime has been the cause of the disaster, victims may become involved in the criminal justice system as witnesses. Many events result in civil litigation. In either case, predict the long haul.
   b. Often survivors are not aware that they must identify loved ones who have died, or they are not prepared to deal with funeral arrangements or notification of relatives. These issues should be addressed as quickly as possible.
   c. Survivors should be counseled on media issues. Sometimes media coverage can cause a great deal of distress for victims and survivors.
2. Assist survivors to predict possible emotional reactions.
   a. Help survivors to describe the emotions of the crisis reaction and grief reaction.
   b. Stress reactions that might occur in the family should be addressed. It is not uncommon for parents to underestimate the effects of a crisis on children. Provide appropriate parent handouts.

c. Certain things can trigger physical and emotional response after a tragedy, such as birthdays, holidays, anniversaries, even sights and sounds.

Preparation – Assist survivors to PREPARE AND PLAN for the issues already raised.

a. Provide survivors with as much information as they want. If they ask and you do not know, find out and follow through. Do not make promises you can't keep.

b. Provide survivors with referral to additional resources for counseling, advocacy, or assistance from school or community resources.

OTHER NOVA MODEL FACTS

Young (1998) identified several other characteristics of the NOVA Model. Only some will be presented here:

Sessions should be conducted at or near the site of the tragedy. The ideal group size is 20-25 with larger numbers used as needed. The sessions are usually one and a half to three hours long in homogeneous or heterogeneous groupings. The participants are seated in a horseshoe or circle configuration. Tissues, water, and toilet facilities should be available. Maslow's "Basic Hierarchy of Human Needs" model, which progresses from primary survival to self-actualization needs, is followed. There are three key roles. They include: (a) a **facilitator** who is in charge and who is the only team member to speak unless circumstances call from another to verbalize; (2) a **scribe** who takes notes during the session, assists the facilitator, and is ready to take over if the facilitator is unable to continue; and (3) **caregivers** who assist as needed. Confidentiality is emphasized. No physical violence or verbal abuse is tolerated. The counselor follows scripts. Written handouts are distributed at the end of the session.

. Poland and McCormick (1999) add the following: Review the facts of the tragedy sequentially. Do not ask the speaker probing questions. As the facilitator, do not discuss your own experiences. Tell each participant who speaks, "I am so sorry this happened to you" (p. 167). When appropriate, verbalize "I can't imagine what that would have been like;" "It must have been upsetting to (hear, feel, smell, see, taste) that;" "You are not going crazy;" and "That is not uncommon after a tragedy" (p. 166). Although the NOVA design is usually used with groups, it can also work with one person or a few individuals.

CULTURAL PERSEPCTIVES ON TRAUMA

We live in a culturally diverse society. Consequently, Crisis Response Plans need to include information to prepare respondents to understand and interpret victims/survivors' behaviors within the context of their cultures. To emphasize the importance of culture in shaping a person's belief system, NOVA includes one full chapter, Chapter 7, on "The Cultural Perspectives on Trauma" in its revised The Community Crisis Response Team Training Manual (Young, 1998). On pages 10-10 to 10-15, Young discusses the impact of culture on trauma:

1. Culture influences what type of threat is perceived as traumatic.
2. Culture influences how individuals interpret the meaning of a traumatic event.
3. Culture influences how individuals and communities express traumatic reactions.
4. Culture forms a context through how the traumatized individuals or communities view and judge their own response.
5. Culture may affect the response of immediately "non-traumatized to trauma" and the traumatized.

6. Cultures may help to define healthy pathways to new lives after trauma.

SOME HINTS FOR HELPING SURVIVORS FROM OTHER CULTURES

In Chapter 7, Young (1998, pp. 7-28 to 7-31) identified several suggestions to intervene appropriately with survivors from different cultures. Several have been selected and quoted here from that manual. They are as follows:

- Explain the purpose of the intervention and the need for reciprocal questions.
- Express an appreciation for the culture's strengths in coping with trauma.
- Acknowledge your limitations and differences.
- Establish your competence in understanding trauma's impact whether or not you understand the cultural context of the event.
- Participate in access rituals, which often involve ceremony, food, and expressions of goodwill.
- Focus first on everyday immediate needs.
- Identify a friend or colleague who is a respected insider in the culture and who can help make connections with that culture.
- Convey respect and good will.
- Be aware of your own cultural biases and try to be non-judgmental.
- Express a willingness to learn about the ethnic group involved.
- Be aware of culturally specific communication techniques.
- Build trust.
- Ask survivors if their families should be present during discussions, and if they would like to have clergy members present.
- Openly acknowledge your limitations with language or other communication

concerns.

- Ask survivors to describe what they would like you to do to help them and then tell them truthfully what you can and cannot do.
- Search for the meaning of suffering, pain, death, and life in the culture.
- Useful cross-cultural interventions include: reduction of isolation, relaxation techniques, education about crisis and trauma reactions, reframing the crisis in culturally-relevant terms, helping individuals develop control, and increasing self-esteem and self-regulation.
- Leave information in the primary language of the culture.
- Dress appropriately by respecting the customs of the survivors' culture.
- Eat and drink what is offered.
- Greet and say good-bye to survivors in their own language.
- Participate in defined rituals, as allowed or requested.
- Apologize when you do something wrong.
- Find out, and use, appropriate body language.
- Bring a gift of commemoration.
- Be aware of spiritual beliefs in the culture.

SOME LESSONS LEARNED FROM MY RED CROSS EXPERIENCES

While at the 1999 Las Vegas NASP Convention, I had the opportunity to attend the April 10th all day NEAT/NOVA Group Crisis Intervention workshop. One month later, as a member of the American Red Cross Disaster Services Human Resources System, I was activated to assist as a volunteer disaster mental health worker at the **Oklahoma tornado disaster.** I worked with individuals and small family groups. I had the

opportunity to implement some of the NOVA group crisis model. However, because I worked with individuals, and not groups, I used only part of the NOVA paradigm. The following are some of the lessons learned:

1. Part of the NOVA group crisis model can be implemented successfully with individuals. What this means is that part of the NOVA paradigm can be used with individuals although the use of the complete design has been found to work best with groups.
2. The survivors accepted the trauma with a biblical interpretation. They praised the Lord and thanked Him for sparing whatever they had left. This made me more conscious of how religion can influence one's interpretation of trauma.
3. We, as mental health workers, cannot introduce ourselves as such, or as psychologists, social workers, or counselors as these labels are a turn off to some. Instead, I introduced myself as **involved with the healing process**.
4. We need to avoid the passive word "victim" and instead use the active term "survivor" which implies some control over oneself and the world.
5. Disaster mental health services not only include psychological/social assistance but also practical and survival services. This was a valuable lesson. It reminded me of Maslow's Hierarchy of Needs model.

I also helped out at the Massac' usetts November 1999 **EgyptAir 990 disaster** where the assigned center for helping the families of the airline victims was in Rhode Island. I learned once again about the importance of religion and spirituality in the lives of survivors. I also gained insight into **"the psychology of presence"** concept at this international and intercultural airline disaster. One's presence or being with

someone can and does at times mean more than anything you say and more than all of the skills and degrees you attain. What is most important to people is that they know that you are there and that you care.

Throughout my Red Cross stay in Rhode Island, I was noticeably present and available with my Red Cross vest. Although some of the victims' relatives communicated in Arabic, and I conversed in English , some of them approached me and used nonverbal language to express their needs. Those who reached out to me sought medical attention. In return, I also employed nonverbal language to communicate with and to help them. **I learned that we, as disaster workers, besides using proactive intervention, sometimes have to employ a different philosophy depending on the circumstances. There are times when we just have to be there, to be present, to be available, and to ready to help when and as needed, not only with psychological intervention, but especially with the fulfillment of basic human, survival, and practical needs. I enjoyed assisting the Red Cross.**

CONCLUSION

School psychologists need to provide caring, sensitive, cross-cultural competence and responsive service delivery. They need to intervene and to link survivors to support systems. The NOVA model of group crisis intervention is one example of a design that includes cultural considerations. School psychologists need to remember how diversity influences treatment in an ethnic context. The effects have been discussed in this paper and cogently summarized by Parsons (1985):

> All ethnically-focused clinical, sociological, anthropological, and experimental studies converge to one central conclusion regarding

ethnic America: ethnic identification is an irreducible entity, central to how persons organize experience, and to an understanding of the unique 'cultural prism' they use in perception and evaluation of reality. Ethnicity is thus central to how the patient or client seeks assistance (help-seeking behavior), what he or she defines as a 'problem', what he or she understands as the causes of psychological difficulties, and the unique, subjective experience of traumatic stress symptoms.

Ethnicity also shapes how the client views his or her symptoms, and the degree of hopefulness or pessimism towards recovery. Ethnic identification, additionally, determines the patient's attitudes toward his or her pain, expectations of the treatment, and what the client perceives as the best method of addressing the presenting difficulties.

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